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Global Health Initiative
policy brief

Public and Private Provision of Health Care in Sub-Saharan Africa

Africa's 47 countries reveal a continent rich in culture, tradition, commerce, religion, and natural resources. Its development potential remains strong, but progress depends on Africans addressing Africa's problems on a continental scale. Unselfish leadership, a unified vision, and sound public-private sector partnerships (PPPs) are required to transform Africa into a key partner in the world's economy and reduce the unnecessary burden of disease that exists today.

Improving health in Africa must be a top priority in the 21st century. African health care systems face daunting challenges, and most Africans depend on public health services that are hobbled by inadequate budgets, underinvestment in physical infrastructure, and insufficient numbers of trained health care providers. Most African countries also lack complementary PPPs and well-functioning private markets for health care delivery. These institutional weaknesses make it difficult for countries to respond effectively to communicable and non-communicable diseases that affect tens of millions of citizens.

On November 2, 2006, the Global Health Initiative and the Africa Program at the Woodrow Wilson International Center for Scholars hosted a vibrant roundtable workshop on the health imperatives for Africa and the need for the public and private sectors to cooperate in the provision of health care. The discussion included representatives from the public and private sectors, as well as non-governmental organizations (NGOs), foundations, multilateral organizations, and universities. Papers were commissioned on three themes: Africa health trends; improving health efficiencies; and, expanding PPPs. An open dialogue among the participants followed each paper presentation.

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THE GROUP CONCLUDED:

- *Africa is at a crossroads of development and must address its problems nationally and regionally, as points of no return are rapidly approaching;*
- *A drastic increase in infectious and chronic diseases is on the horizon and cannot be ignored;*
- *African leadership forums are needed to promote and sustain political will and action;*
- *Sound PPPs are needed, but the formation of mutual objectives requires clear definition and agreement;*
- *Best practices for PPPs require further analysis and dissemination;*
- *Health system efficiency requires a fresh approach focused on community ownership, action, and partnership; and*
- *A key role of the public sector is "stewardship" of the system, in addition to service delivery.*

This meeting was designed not as a one-time event, but rather as the beginning of activities to expand access to high-quality health care throughout Africa.

Summaries of the three papers commissioned for the meeting, as well as a brief list of conclusions and next steps reached by the participants, are presented in the following pages. The papers are available in their entirety at **www.wilsoncenter.org/globalhealth**.

Africa Health Trends: A 21st Century Imperative

Victor K. Barbiero, PhD, MHS

AFRICAN DEMOGRAPHICS

Demographic momentum, influenced by a slowly declining fertility rate, suggests Africa's population could swell to about 1.45 billion by 2030. Although fertility has declined, from 6.8 in 1970 to 5.4 in 2004, Africa still faces significant challenges in terms of population growth, including natural resource availability, access to education, urban migration, and employment opportunities. Population growth in rural and urban areas will influence a broad variety of development challenges and opportunities. Policies, resources, and key interventions such as girls' education and reducing under-five mortality will require consistent and long-term commitments.

THE UNFINISHED AGENDA FOR IMPROVED MATERNAL AND CHILD HEALTH[1]

Africa bears a disproportionate share of the global disease burden. Undernutrition and maternal mortality also rank among the highest worldwide, reflecting high-risk births, limited maternal education, poor referral, and inadequate service delivery. Neonatal deaths (deaths taking place in the first 28 days of life) present difficult challenges in terms of identification and action. The unfinished agenda for maternal and child health in Africa is a tragic consequence of limited and fragile systems, poor management, pro-rich policies, and corruption. These are the troubling realities of the region.

HIV, TB, AND MALARIA

We cannot speak of Africa without considering HIV/AIDS. Although Africa comprises only about 15% of the world's population, over 60% of the world's HIV infections are in Africa. Successes exist, but challenges remain regarding sustained treatment, access to care, and effective prevention. Clearly, HIV/AIDS must remain high on Africa's development agenda; however, it represents only one of many health challenges in the region. Africa has the highest estimated incidence of tuberculosis (TB) worldwide. TB kills 500,000 Africans each year, or nearly 1,500 people per day. Co-infection with HIV exacerbates TB infection and transmission. TB represents a model for African cooperation and action. We can learn important health service delivery lessons from the TB model of political advocacy and diagnosis for efficient treatment. Finally,

malaria kills almost 900,000 Africans annually, 750,000 of whom are children. Inadequate diagnosis, lack of access to prevention and treatment, poor adherence, ineffective drug regulation, and drug resistance contribute to malaria's hold on the continent. Malaria in Africa is both a cause and a result of poverty.

A BIGGER PICTURE

In addition to disease, floods, droughts, and conflict have interrupted development, compromised political stability, and plagued African states for decades. Inadequate management and fragile health systems limit services to millions of poor families. Complementary services provided by faith-based (FBO) and other nongovernmental organizations fill only part of the service delivery gap. System efficiencies—including management, organization, resources, and staff—need to be improved. Recognizing "brain drain potentials," we must establish a new task-shifting paradigm for staff training and retention. Moreover, PPPs must evolve to include the private-for-profit, NGO, FBO, civil society, and government sectors. Accountability and honest resource management are also required to expand outreach to underserved populations.

AFRICA AT THE CROSSROADS OF DEVELOPMENT

Understandably, unselfish leadership is central to improved health in Africa. Education (especially for girls) is a building block of development and prosperity. Even in the face of HIV/AIDS, Africa's population will double by 2035. With health care needs encompassing communicable and non-communicable diseases, and with a rapidly increasing urban population, African planners, politicians and public health experts have much to consider. We have the tools to address many of these issues. We need to use them.

NOTES

1. Elements of the unfinished agenda include diarrheal diseases, respiratory diseases, vaccine-preventable diseases, perinatal causes of death, pregnancy-related deaths (from bleeding, eclampsia, unsafe abortion, infection, etc.), malaria, and other parasitic diseases.

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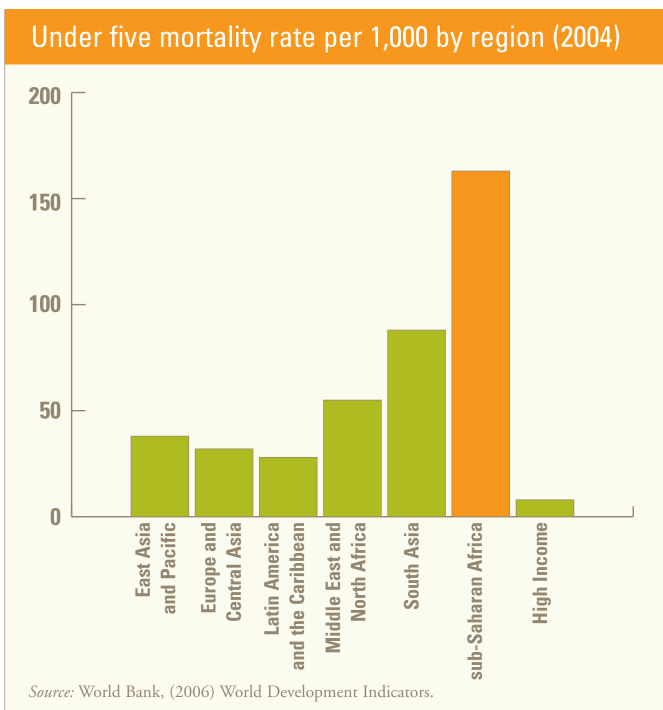
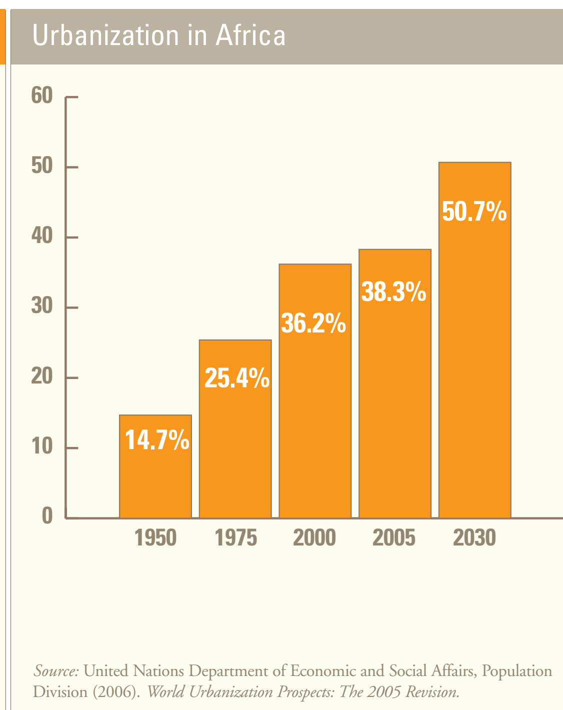


Under five mortality rate per 1,000 by region (2004)

Source: World Bank, (2006) World Development Indicators.



Urbanization in Africa

Source: United Nations Department of Economic and Social Affairs, Population Division (2006). *World Urbanization Prospects: The 2005 Revision.*

An Emerging Model for Health System Improvement

Dan Kaseje, MBChB, MPH, PhD

OVERVIEW

African health systems often favor privileged elites and urban dwellers. They are pro-rich systems, neither robust nor flexible enough to respond to changing demographics and epidemiologies. A new, continent-appropriate, and sustainable model is essential to reverse declining levels of health and address future needs. The new model must address risk factors for disease and cross-cutting issues such as employment, food security, nutrition, and financing. Providers and managers must consider beliefs, customs, gender, and perceptions of prevention and treatment to improve efficiencies.

CONTINENTAL FRAMEWORK

The diversity of health and development in Africa demands a flexible framework. This framework must address service delivery, governance, management, accountability, monitoring, and evaluation. Essential elements include:

- ***Partnership*** – The community is the anchor of sustainable partnerships and requires the support of multiple stakeholders from the public and private sectors.
- ***Dialogue*** – Improved efficiency depends on an honest and functional iterative process among all stakeholders to address community needs, perceptions, and priorities.
- ***Governance*** – Sound governance based on decentralization, inclusive representation, and accountability is critical to health system strengthening and must be applied at all levels.
- ***Sustainability*** – Sustainability requires promotive, inviting, and trustworthy client-provider relationships. Regular dialogue and local fora for recognition and celebration are necessary to keep the community and their partners enthusiastic. Efficient systems need realistic financing, including sustained public and private financing (such as vouchering), tiered pricing for those who can pay, and innovative social insurance schemes.
- ***Monitoring & Evaluation*** – Efficient systems need honest and accurate reporting on outcomes, expenditures, and problems.

COMMUNITY HEALTH SYSTEMS – AN IMPROVED MODEL

African health systems require tailored health system models to serve communities. The essential elements of an improved model include:

- ***Decentralized governing structures*** linking the health system to communities;
- ***Identification of an essential care package*** based on peoples' priorities;
- ***An improved information system*** to provide evidence of improved service access, delivery, and outcomes; and
- ***Regular dialogue among stakeholders*** to enhance informed demand, responsibility, and accountability.

This model would strengthen governance, management, and accountability through a robust dialogue between service providers and consumers, thereby facilitating sustained district health system improvement.

PARTNERS AND STRATEGIES

The new model seeks to further clarify the role of the private sector and to utilize communities, universities, uniformed services, traditional healers, NGOs, and the corporate sector to strengthen delivery. Traditional, faith-based, and other less-formal sources of care require expansion. Increased support will require appropriate regulation to ensure transparency and quality. The public sector role will evolve from solely that of a care provider to that of a manager and overseer of a truly integrated public-private health care system. If pursued earnestly by all parties, countries can institutionalize effective, efficient, and sustainable service delivery.

MOVING TOWARD BETTER SYSTEMS

Health status in Africa demands a fresh look at how systems are organized. This approach requires community ownership through decentralized PPPs. Planners and implementers must hear the voices of those in need and address near-, mid-, and long-term issues. Interventions and partnerships should focus first on what is possible. Building on early accomplishments and community interest, stakeholders can then dedicate themselves to efforts that are more ambitious. A new era of health care partnership is on the horizon; Africa must usher in that era sincerely, securely, and completely before it is too late.

Improved Health Coverage in Africa by Strengthening the Role of the Private Sector

Patrick Osewe, MD, MPH

OVERVIEW

One of sub-Saharan Africa's major challenges is to provide universal coverage of quality health services to its approximately 750 million people, especially to the poorest and most vulnerable. Investments in good health will promote prosperity, while poor health will expand poverty. Although clear opportunities exist for sound and strengthened PPPs, policymakers and the private sector struggle to identify and implement complementary strategies that are equitable and sustainable.

PUBLIC-PRIVATE PARTNERSHIPS

Most African policymakers agree that fully engaging the private sector is a strategic priority because both the rich and poor routinely access and pay for health services in the formal and informal sectors. Thus, PPPs are being increasingly encouraged as part of a comprehensive development framework. However, translating PPP policy into action will be a challenge. Unfortunately, there is little agreement among potential partners about the operational and regulatory elements of functional PPPs. Some operational elements include: regulation; contracting; franchising public sector service delivery sites; enhanced training of private providers; increased client health-seeking knowledge; and vouchers for the poor.

As mentioned earlier, the public sector needs to alter its role from sole "provider" to "steward" of service. Lastly, globally, and particularly in Africa, PPPs require rigorous evaluation and a broad dissemination of scaled success to define best practices and provide actionable models that can be widely implemented.

CHALLENGES

Even though the value of PPPs is clear, numerous challenges exist, including:

- ***Strategic Agreement*** – By definition, sound partnerships require a mutual, long-term vision that maximizes the strengths of both the public and private sectors.
- ***National and Subnational Fora*** – Cross-sectoral, recurring national and subnational fora are required to define, monitor, and adjust the vision. This will contribute to sustainability and success.
- ***Technical Skill*** – Public and private sector staff require deeper technical and program planning skills to design, plan, manage, and monitor grants, contracts, and programs.

• ***Fear and Distrust*** – Both public and private sector institutions and personnel must embrace the new paradigm. Public servants must replace fear of job and power loss with trust and honest support. Similarly, private sector organizations and personnel must accept reasonable regulations and standards of practice to ensure equity, quality, achievement, and cost effectiveness.

Where Africa's Poorest Seek Care

Country	Among those who sought care outside the home, % who went to:	
	Private Sector	Public Sector
Burkina Faso	35	59
Cameroon	55	45
Ghana	65	25
Madagascar	47	47
Malawi	74	24
Mali	69	24
Mozambique	32	63
Niger	59	36
Nigeria	46	47
Uganda	68	27
Tanzania	29	68
Zambia	24	68

Source: Marek, Tonia et al. (2005). *Trends and Opportunities in Public-Private Partnerships to Improve Health Service Delivery in Africa.* World Bank.

• ***Organizational Integrity*** – Many private sector entities are inexperienced and unfamiliar with fiscal management and accountability. Burgeoning NGOs must work actively to expand private sector partners, while maintaining rigorous registration procedures that will insure quality and transparency. Both the public and private sectors must face this challenge with objectivity and altruism.

• ***Vertical vs. Horizontal Programming*** – Vertical programs can put a strain on already-overstretched health sector staff and may undermine the functioning of existing national programs. New PPPs require an integrated systems approach that will pursue and measure progress throughout the partnership.

• ***Evidence*** – Lastly, this new paradigm demands reliable evidence of successful PPPs and a wide, regional dissemination of those efforts.

A WAY FORWARD

Over the next twenty years, African health systems will **and must** look very different. The transformation of the public sector from provider to manager and overseer of public and private services will promote innovative and effective delivery through equity, sustainable financing, regulation, and competent staffing. This transformation will save millions of lives and prevent tens of millions from a downward spiral into poverty. The onus is on both the public and private sector to forge lasting partnerships for the future.

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Conclusions & Next Steps

CONCLUSIONS

• ***Transformational Development*** – Africa must transform its development vision to encourage viable indigenous and international partnerships among public and private sector institutions.

• ***Unavoidable Imperatives*** – Africa faces imminent epidemiologic, demographic, and urban transitions that cannot be ignored. Leaders must embrace these realities as part of their vision and future commitment to improved health.

• ***Assistance Is Not Charity*** – Viable partnerships are the foundation of sustainable health development; Africans, on equal footing with international partners, must solve Africa's problems.

• ***Know Your Partners*** – The key to successful partnerships depends on all partners fully understanding each other's institutional objectives, priorities, and limitations. Partners must establish clear niches of input that contribute to the achievement of a common goal.

• ***Evolution of the Public Sector*** – New paradigms of responsibility and regulation are in order. The public sector must expand its role to include transparent management, oversight, and regulation of PPPs.

• ***Africa's Responsibility*** – African states must increase their health budgets and promote an honest, more efficient, and more sustained investment in the health of their populations.

• ***Catalyzing Future Action*** – A need exists to expand resources for health in Africa beyond HIV, TB, and malaria. Global action is required. Especially in the United States, bipartisan champions must rise to the challenge and garner the resources to strengthen African systems. Too many African mothers and children are dying from preventable and curable diseases.

NEXT STEPS

• ***Continued Fora for Discussion*** – Distinct NGO and corporate workshops would define further opportunities and actions for successful partnerships. Momentum must be maintained and enhanced.

• ***Country and Regional Meetings*** – Country and/or regional meetings among public and private stakeholders would provide an expanded forum for a frank interchange of ideas, corporate philosophies, business and humanitarian priorities, and the realities of working in Africa. These meetings would serve as the testing ground for a common agenda. The results of each workshop should be disseminated widely to all participants, as well as to an expanded list of institutions and decision-makers in Africa and elsewhere.

• ***Identification of Best Practices*** – A clear and concise compendium of successful, scaled-up PPPs is in order. A global review of successes, failures, and lessons learned will inform future viable collaboration in Africa.

• ***Catalytic Action*** – Concern for Africa and particularly Africa's health is deep and broad. Change requires energy and commitment. By definition, a catalyst foments a new reaction, and focused catalytic action is required to convince public and private decision-makers to embrace the "new paradigm" in word and deed.

• ***African Scholars Program*** – Africa requires a different model for human and system capacity strengthening. Traditional training will feed the "brain drain," not limit it. The onus for success is on African political and technical leadership. Programs that bring African scholars to international institutions would strengthen their leadership skills as well as provide an African voice to the process, promote regional and international consensus, and amplify momentum for action.

• ***Corporate Leverage*** – A unique and expansive opportunity faces the corporate sector. However, balancing sound business models and broader development support remains challenging. Channeling and expanding corporate engagement in health systems is key to success.

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In September 2005, the Wilson Center launched the **Global Health Initiative** to provide a forum for an interdisciplinary examination of critical health challenges facing the United States and the world. By leveraging, building on, and coordinating the Wilson Center's strong regional and cross-cutting programming, this initiative seeks to promote dialogue about health issues among policy leaders. The Global Health Initiative brings practitioners, scientists, scholars, business leaders, and policymakers together in a neutral forum to discuss the most pressing health concerns of the 21st century. It is our hope that such a forum will ultimately increase understanding of health issues and inspire policy decisions that will improve the lives of citizens around the world.

The **Africa Program** was launched in 1999 with generous support from the Ford Foundation. Under director Howard Wolpe, the program capitalizes on the Center's location in Washington, D.C. to promote dialogue among policymakers and academic specialists on both African issues and U.S. policy toward Africa.

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